IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 091850 PIN# 4733 11 5031 DATE September 19, 00

OWNER OR CONTRACTOR Martin Hendricks PHONE: Business 872-5295 Home

ADDRESS 346 New Sterling Rd. Stony Point NC. 28678

LOCATION Old Mountain Road Turn on Wallace Springs Rd. TL Mayfield TR Southview around curve on Right

SUBDIVISION SouthviewESTATES BLOCK / SECTION LOT 5 LOT AREA 200'x200' SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3-6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair, System Type: I (II) III. IV. V. VI

System Description: Gravity Conventional

Repair System Description: Grav/pumped ~~Innovative~~-25%

Maintenance Agreement Required: ☐ Yes ☐ No Rec.

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

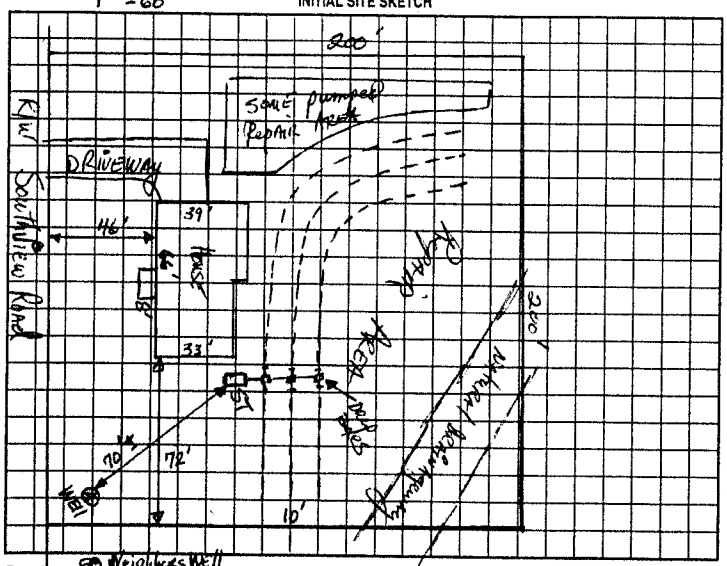
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

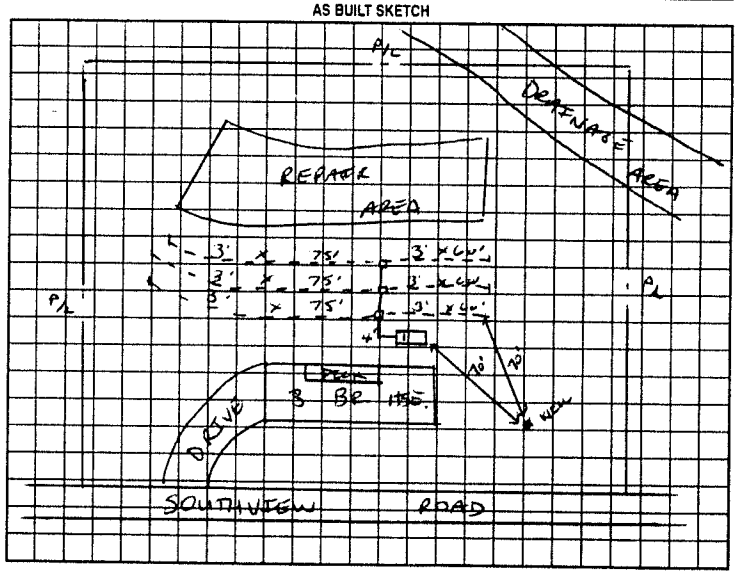
Comments:/Conditions:

Comments:/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD AREAS ③ PUMP SEPTIC TANK EVERY 3-5 YRS.

1" = 60' INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Martin Hendricks date 10-10-00 Installed by: CRAIG THOMPSON

Improvement Permit by: date 9-19-00 Operation Permit by: date 1/31/01

Authorization to Construct by: date 9-19-00 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK